

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

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Website: www.muhs.ac.in, E-mail: academicdental@muhs.ac.in Dr. Rajendra Shivaji Bangal

डॉ. राजेंद्र शिवाजी बंगाळ

एम .बी .बी .एस .,एम .डी .(न्यायवैद्यकशास्त्र),डी .एन .बी .,एलएल .बी .

Registrar

M.B.B.S., M.D.(Forensic Medicine), D.N.B., LL..B.

कुलसचिव 1601 /2023 Ref.No.: MUHS/Acad/E-2/UG/112101/

Date: 20/6 /2023

To The Principal, M.C.E. Society's, M.A. Rangoonwala College of Dental Sciences & Research Centre 2390-B, K. B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001.

Sub.: Continuation / Extension of Affiliation for Academic Year 2023-24 (Issued under provision No. 05 & 13 of University Direction No. 02/2016)

Academic Council Resolution No. 39/2023, dated 24/05/2023 Ref .:

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2023-24 as per the provision u/s 68 and 65(4) of MUHS Act 1998, for the Under Graduate B.D.S. Course of your College, as under:

(a) The intake capacity of students shall be 100.

(b) Permission is granted by Central Government / Dental Council of India and / State Government, (as applicable)

(c) Following deficiencies shall be strictly complied within Sixty Days, without fail.

ahing Staff

	a) Dental Subject:	Required staff			Approved Staff			Deficient staff		
SN	Department	Prof.	A.P.	Lect.+ Tutor	Prof.	A.P.	Lect.+ Tutor	Prof.	A.P.	Lect.+ Tutor
1	Prosthodontics and Crown & Bridge	2	*4	· 8	3	3	3	0	1	5
2	Conservative Dentistry and Endodotics	2	4	8	3	4	7	0	0	1
3	Periodontology	2	4	5	4	4	3	0	0	2
4	Orthodontics and Dentofacial	2	3	5	4	4	3	0	0	2
5	Orthopedics Oral & Maxillofacial Surgery	2	4	5	2	3	5	0	1	0
6	Oral & Maxillofacial Pathology	2	3	5	2.	5	3	0	0	2
7	and Oral Microbiology Oral Medicine and Radiology	2	3	5	2	4	.4	0	0	1
7		2	3	5	13	3.	3	0	0	2
8	Pediatric Dentistry	0	1	1	1	. 2	1	0	0	0
9	Public Health Dentistry Tota	-	29	47	24	32	32	0	2	15

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b) Medical Subject:

Year	Department	Required staff		Approved Staff		Deficient staff	
		A.P.	Lect.	A.P.	Lect.	A.P.	Lect.
1st BDS	Anatomy	1	4	1	2	0	2
	Physiology	1	2	0	0	1	2
	Biochemistry	1	2	0	1	1	1
2 nd BDS	Pharmacology	1	3	0	3	1	0
	General Pathology	1	2	1	2	0	0
	Microbiology	1	2	1	. 2	0	0
3rd BDS	General Medicine	1	3	0	2	1	1
	General Surgery	1	3	1	3	0	0
	Anaesthesiology	1	1	1	0	0	1
	Total	9	22	5	15	4	7

- (ii) Infrastructural Requirements: The total number of electrically operated chairs should be as per DCI norms. (iii) IPD / OPD / OT Workload: Nil
- (iv) Other:
 - a. The College shall submit Affidavit in the prescribed format as per Academic Council's Resolution No. 229/2013 (format attached).
 - b. For those UG / PG qualifications that are not yet recognized by the Central Govt., it shall be mandatory for the College to apply to the Central Council through Central Govt. and ensure that "Permitted" / "Not Recognized" qualifications are enlisted in "Recognized Qualifications". failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no student shall be admitted in such courses.

You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.

Important Note:

- 1) This Continuation / Extension of affiliation is issued for the A.Y. 2023-2024 subject to the permission of Dental Council of India and / or Government of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit the students for 1st Year of the course until receipt of permission of the Dental Council of India and / or Government of India.
- The admission shall be done through the Cornpetent Authority only.

Thanking you.

Yours,

Registrar

- Copy to:
- 1. The Hon'ble Secretary, Dental Council of India, New Delhi
- 2. The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai 3. The Secretary, Admission Regulatory Authority, Mumbai
- 4. The Director, Directorate of Medical Education and Research, Mumbai

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- 5. The Controller of Examinations, MUHS, Nashik 6. The H.O.D., Eligibility Section, MUHS, Nashik
- 7. The H.O.D., Computer Section, MUHS, Nashik